



152 AF
Docket No. 65021/JPW/AJC

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Michael J. Elliot et al.

Serial No. : 08/602,272 Examiner: Karen A. Canella

Filed : February 16, 1996 Group Art Unit: 1643

For : METHODS OF PREVENTING OR TREATING THROMBOSIS WITH
TUMOR NECROSIS FACTOR ANTAGONISTS

Mail Stop AF
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: May 19, 2009

Sir:

Transmitted herewith is an amendment to the above-identified application.

 Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

 A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend- ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	1 -	* 50 =	*** 0 X	\$26	\$52	=	0.00
Independ- ent Claims	1 -	** 4 =	*** 0 X	\$110	\$220	=	0.00
Multiple Dependent Claim(s) Presented For First Time <u>Yes</u> <u>X</u> <u>No</u>				\$195	\$390	=	0.00
				TOTAL ADDITIONAL FEE		\$	0.00

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

One additional copy of this Amendment Transmittal Letter
 Return Receipt Postcard
 An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No
and a fee of \$ included)
 A Petition for an Extension of Time, including a fee of
\$ for a Petition for Month(s) Extension of Time
 Other (identify):

THE TOTAL FEE DUE IS \$ 0.00.

A check in the amount of \$ is enclosed.
 Please charge Deposit Account No. in the amount of
\$.

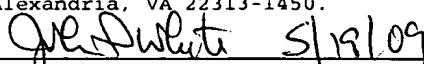
The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,


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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:
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